



CITY OF LODI

EMPLOYMENT APPLICATION

Human Resources Department  
221 West Pine Street, Lodi, CA 95240  
Mailing: P.O. Box 3006, Lodi,. CA 95241  
Telephone: (209)333-6704  
T.D.D. (209) 333-6853

HUMAN RESOURCES USE ONLY				
	BY	EXP.	EDC.	CERT/ DMV
Qualified				
Disqualified				
Late: _____				

IMPORTANT:

- 1. Please complete this application form only if you meet the requirements of the position as described in the job announcement. You must list a specific job opening.
- 2. Applications are subject to disqualification if not signed and completed fully.
- 3. All applications must be in the Human Resources department by the published closing date. POSTMARKS will not qualify.

POSITION APPLYING FOR (state exact title):

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	Social Security #:
Mailing Address (number, street, apt. #):			
City:	State:	Zip Code:	
Home Phone:	Business/Message Phone:		
Are You Over 18 Years of Age? <input type="radio"/> YES <input type="radio"/> NO    If No, can you provide a work permit if hired? <input type="radio"/> YES <input type="radio"/> NO			
Driver's License? <input type="radio"/> YES <input type="radio"/> NO    State Issued:    Class:    License #:    Exp. Date:			
Are you legally eligible for employment in the United States: <input type="radio"/> YES <input type="radio"/> NO			
Are you related to any City of Lodi employee? <input type="radio"/> YES <input type="radio"/> NO    If yes, provide name and relationship below: <i>(Resolution 91-78 prohibits employment of relatives of certain city officials.)</i> Name:    Dept. Employed By:    Relationship:			
Have you ever been employed by the City of Lodi? <input type="radio"/> YES <input type="radio"/> NO    If yes, state name of department and employment dates: Dept:    From:    To:			
Who should be notified in case of an emergency? Name:    Phone:			
1. As an adult, have you ever been <b>convicted</b> of a misdemeanor or felony, or been on parole or probation? <input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> If yes, you must list all convictions since your 18 <sup>th</sup> birthday on an attached sheet. Include offense, date, and place of conviction. A yes will <b>not</b> automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. All applicants prior to employment must be fingerprinted and cleared through the California Department of Justice in accordance with the City of Lodi resolution 2001-201.			
2. Are you, with or without reasonable accommodations, able to perform the essential functions of the position as stated in the job announcement? <input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b>			
3. Veterans Preference: Are you a Veteran? <input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> If yes, please attach a copy of form DD214 to this application to become eligible. Please read the back of the job bulletin for further information on the City's policy. (Do Not Submit Original)			

EDUCATION & TRAINING:

High School:	City/State:	Diploma Received? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> GED		
College & Location:	Major:	Units Completed:	Degree earned:	
College & Location:	Major:	Units Completed:	Degree earned:	
College & Location:	Major:	Units Completed:	Degree earned:	
Business, trade school, or apprenticeship:				
Professional license, registration, or certificate; include expiration date:				
Professional license, registration, or certificate; include expiration date:				
Skills in computer or equipment:				
Languages you are fluent in, other than English (only if required by position): <input type="radio"/> speak <input type="radio"/> read <input type="radio"/> write    Language:				



## **IMPORTANT INSTRUCTIONS**

**ALL CANDIDATES APPLYING FOR POSITIONS WITH THE CITY OF LODI MUST COMPLY WITH THE FOLLOWING INSTRUCTIONS:**

1. Carefully read the entire job announcement. It has important information regarding the application requirements, examination process and due dates.
2. Complete the job application in its entirety. Check to see if a supplemental questionnaire is required. If required and you do not complete your application will not be accepted. If you are forwarding a resume, it will be considered an attachment, unless otherwise stated on the job announcement. Resumes cannot be accepted in lieu of an application. Do not state on application "Refer To Resume"
3. Carefully review job announcement and note degrees, diplomas, certifications specifically required. Applicants must submit documentation of specified credentials prior to employment. Failure to do so, will result in disqualification of your application.
4. The City of Lodi is an Equal Opportunity Employer. In accordance with the Federal Americans with Disabilities Act (ADA), if accommodations are necessary in order to perform the essential functions of the position, or to participate in any portion of the selection process, please contact the Human Resources Department at (209)333-6704 within seven calendar days of the final filing date. The hearing impaired number is TDD/TYY (209)333-6853.
5. Completed applications should be submitted to:

City of Lodi  
Human Resources Department  
221 West Pine Street  
Lodi, CA 95240

**It is the applicant's responsibility to assure that the completed application and all required attachments are received prior to the deadline. Applicants should receive a letter within two (2) weeks of the final filing date notifying them if their application was accepted and to announce the next step in the process.**

CITY OF LODI

RECRUITMENT STATISTICAL INFORMATION

POSITION APPLYING FOR: \_\_\_\_\_

The information requested on this portion of the form is voluntary, and will assist the City of Lodi in evaluating its recruitment program and in accurately compiling required statistical reports for federal and state agencies. This form will be confidential. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction. (PLEASE ATTACH TO COMPLETED JOB APPLICATION)

PLEASE CHECK SEX AND ETHNIC ORIGIN BELOW:

MALE					FEMALE				
NON-HISPANIC ORIGIN		HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	NON-HISPANIC ORIGIN		HISPANIC I	ASIAN OR PACIFIC ISLANDER J	AMERICAN INDIAN OR ALASKAN NATIVE K
WHITE B	BLACK C				WHITE G	BLACK H			

HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY?

We would appreciate information on how you heard about this in order to help us determine what the most effective recruitment source is. Check one or more.

<input type="checkbox"/> Newspaper or Magazine Advertisement – Name:	
<input type="checkbox"/> Website Advertisement:	
<input type="checkbox"/> City of Lodi website	<input type="checkbox"/> City of Lodi Job line
<input type="checkbox"/> Job Announcement – Posted at:	
<input type="checkbox"/> Job Fair/Recruiter – Event:	
<input type="checkbox"/> Professional Association – Name:	
<input type="checkbox"/> Walk into Human Resource Office	<input type="checkbox"/> Friend, Colleague, or Acquaintance
<input type="checkbox"/> Other (please specify):	

Thank you!

<b>WORK EXPERIENCE</b> Do not indicate "SEE RESUME". List all jobs in the last ten (10) years. Be specific in describing these jobs and military experience. Be sure to list each change in title or promotion separately. If qualifying experience is part time be sure to list the number of hours per week spent doing the work. You may use additional sheets if necessary. Begin with your present or most recent job and work backwards. <b>(Resumes will not be accepted in place of a completed application).</b>		
From:                      To:	Exact Title of Position:	Number of Hours Worked Per Week:
Month/Year              Month/Year		
Name and Address of Employer:	Your duties are/were:	
Name/Title and Phone Number of Supervisor		
Number supervised (if you were a supervisor):	Reason for Leaving (be specific):	Salary: \$                      Per
May we contact this employer? <input type="radio"/> YES <input type="radio"/> NO	If no, please provide details:	

From:                      To:	Exact Title of Position	Number of Hours Worked Per Week:
Month/Year              Month/Year		
Name and Address of Employer:	Your duties are/were:	
Name/Title and Phone Number of Supervisor		
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Name and Address of Employer:	Your duties are/were:	
Name/Title and Phone Number of Supervisor		
Number supervised (if you were a supervisor):	Reason for Leaving (be specific):	Salary: \$                      Per
May we contact this employer? <input type="radio"/> YES <input type="radio"/> NO	If no, please provide details:	

COMMENTS:

CERTIFICATE OF APPLICANT

I certify all information shown in this application is true and correct to the best of my knowledge. I agree to be fingerprinted, to submit to a reference check, medical examination and drug and alcohol screening and upon employment to furnish such proof of age and citizenship as may be required. I understand and agree that any and all misstatements or omissions of material facts on any of the foregoing documents may herein subject me to disqualification or dismissal.



\_\_\_\_\_  
Signature of Applicant  
*Federal and State law prohibit discrimination in employment because of sex, age, race, color, religion, marital status, national origin, ancestry, and under certain circumstances, the disabled.*

THANK YOU      \_\_\_\_\_  
Date